

## **Workshop G: Linkages for Perinatal Prevention —Mary**

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**Goal:** To learn about and discuss the importance of linking perinatal HIV prevention activities with other relevant services. To be informed about specific models of linking services and brainstorm about potential other models

### **Objectives**

- Become familiar with CDC and Health Resources and Services Administration (HRSA) expectations around linkages
- Learn about specific models of linking perinatal prevention activities with maternal and child health programs, private providers, women and infant programs, and family planning programs
- Discuss models of linking with additional programs serving women

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### **Linking HIV and Maternal and Child Health (MCH) Programs —Deborah Allen, Massachusetts Department of Health**

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#### **Goals of Linkage**

- Integration of HIV care into “fabric” of reproductive care
- Fewer infected babies
- Earlier care for women

#### **Linkage is Optimal Strategy**

- Women are most likely to go for reproductive care.
- Women are most likely to accept testing if offered in context of care.
- Pregnancy provides a unique opportunity.

#### **Barriers to Linkage**

- Diverse systems [prenatal care, family planning, Women, Infants, and Children (WIC)], home visiting, early childhood, substance abuse, prison health)
- Complex structure within each system
- Private providers seeing themselves outside the system
- Limited time for provider and patient contact due to the multiple demands on provider

#### **Linkage Strategy**

- Analyze the problem.
- Look at the entire cascade (preconception to pediatric care).
- Pinpoint system failure.
- Identify and learn the structure of relevant systems.
- Identify or create opportunities for change.
- Make the case.
- Make it easy.
- Use pull as well as push.

- Provide feedback.

Example: Power of Persuasion

WIC      Breast-feeding      HIV

WIC has a strong message about breast-feeding. Because breast-feeding can lead to transmission of HIV, it was important to modify this message. Successful communication made this possible, and WIC changed its message to “Breast is best . . . unless you have HIV.” The new message makes it important for the WIC program to encourage women to know their HIV status. As a result, a proactive approach, which addresses HIV early when a pregnant woman enrolls in WIC, permits them to be more forceful in promoting breast-feeding if they don’t have to worry that some women have unidentified HIV.

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### **MCH/HIV Integrated Project** —Deanne Taylor, Cook County Hospital

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This project was a HRSA 5-Year Funded Project.

**Purpose:** To create a perinatal HIV risk-reduction system

- For early identification
- To develop guidelines

**Partnerships** (between state agencies, cities, counties) were created, and an Advisory Council was developed.

**Strategy** was to do a needs assessment

- Survey of providers showed weak counseling and testing practices.
- Found the need to train MCH providers to integrate counseling and testing.
- Created committees to develop guidelines and policies.
- Involved consumers.
- Developed and administered a survey to determine outcomes.

### **Outcomes**

- Trained over 4,000 providers.
- Developed written guidelines.
- Developed a patient/provider agreement. Consumers were part of this partnership, and the providers saw the consumers' involvement as being positive.

### **Lessons Learned**

- Work within the existing system.
- Providers need user-friendly materials.
- Training is not enough.
- Written policies facilitate compliance.
- Continue to monitor the system and address barriers.

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### **Targeted Outreach for Pregnant Women Act (TOPWA)** —Frances Walker

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Florida is a state with high numbers of women with HIV. Women of color are disproportionately

represented. Preventing perinatally transmitted HIV requires that women have access to adequate prenatal care. TOPWA resulted from and is about collaboration with representatives from county health departments and other agencies.

### **TOPWA**

- Is an outreach program—many outreach workers are peers.
- Resulted from state legislation.
- Is a state-run program (part of the department of health) working with community-based organizations (CBOs) in five counties with high incidence of HIV/AIDS. CDC funding will allow TOPWA to expand to an additional six counties.

**Goals:** By proving funding to CBOs, through county health departments, reduce the number of women who give birth to HIV-infected and/or substance-exposed newborns

### **Focus: Outreach**

- Go out and find high-risk women, develop relationships, work nontraditional hours, start where clients are.
- Screen women for eligibility.
- Make referrals (linkages) and see that they occur.
- Develop linkages between TOPWA and service providers.
- Give community presentations.
- Negotiate special status with other agencies for high-risk clients.
- Service providers appoint a key agency contact to work with TOPWA.

### **Referral Process**

- TOPWA agency contacts provider, clinic.
- Enrolled clients are notified of scheduled appointment and get the client there.
- Clients are called or visited to ensure appointments are kept.
- Clients who skip appointments—problems are addressed; e.g., lack of transportation or no health insurance/Medicaid.

### **Benefits of Collaboration**

- Linkages are strengthened over time.
- Referrals are reciprocal—other agencies refer clients to TOPWA to help make connections with women to be adherent.

### **Hard-to-reach Women**

- Work with women who are being released from jail or are “no-shows” at county health department clinics.
- Clients that are at high risk are hard to find and “disappear” if not tracked.
- Incentives (e.g., baby showers) are effective.